

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8-1-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	06-28-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9-14-05
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	9-14-05
52	✓	✓	
53	✓	✓	
54	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
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106	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

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If more than 150 claims or 10 actions  
staple additional sheet here

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